









Vascular Service - Venous Insufficiency Referral Form

| | | | | | Patie | ent Details | | | | | | | | |
|--|--|--|-----------|--|--|--|------------------------|---------------------|--|-----------|---------|--------|-------------------|----|
| Name: | | | | | | NHS number | | | r: | | | | | |
| Address: | | | | | | | Date of Birth: | | | | | | | |
| | | | | | | | | GP details: | | | | | | |
| | | | | | | Pa | | | Patient contact number: | | | | | |
| Post Code: | | | | | | | Date of referral: | | | | | | | |
| Can the patient attend an outpatient department? | | | | | Yes | No | Transp | Transport required? | | | Yes No | | | |
| Pas | st Medical Histo | ry: (Including smoking histo | ry) (Pa | itients G | iP history | from sysym on | e can be | attac | hed). | | | | | |
| Medication: (Patients GP history from sysym one can be a | | | | | ached). Allergies: | | | | | | | | | |
| | | : | Scree | ning q | uestior | ns and reaso | n for re | eferra | I | | | | | |
| Clinical evidence of severe infection / sepsis with systemic signs eg. tachycardia, pyrexia, hypotensi feeling unwell, or spreading cellulitis, crepitus or significant deterioration over a short period of time | | | | | | | | ient | Yes | | No | | | |
| | | If you answered | Yes to | Questi | on 1 the | patient requi | res an E | MER | GENCY admission | 1 | Ţ, | | | |
| 2 | If there is susp | ected acute deep vein thro | mbosi | s or sup | perficial v | vein thrombosi | s. | | | , | Yes | | No | |
| | | If you answered Yes | to Qu | estion 2 | 2 the pa | tient requires | a referi | ral to | the local DVT serv | vice | | | | |
| 3 | Are there sign | s of suspect peripheral arte | rial dis | ease. | <u>.</u> | | | | | , | Yes | | No | |
| If | you answered | Yes to Question 3 STOP a | nd use | e the Pe | eriphera | l Arterial Dise | ase / Ch | ronic | Limb Threatenin | g Ische | emia F | Referi | ral For | m |
| 4 | | Does the patient have any risk factors or visual signs for venous disease on the lower limb including ulceration? (a break in the skin below the knee that has not healed within 2 weeks). | | | | | | n? (a | Yes | | No | | | |
| 5 Does the patient have a static or deteriorating ven | | | | enous l | us leg ulcer despite optimum compression therapy? | | | | | , | Yes | | No | |
| 6 Has the patient had acute venous bleeding from t | | | | | e leg requiring first aid treatment? | | | | | | | | | |
| If you answered yes to Question 4 and either 5 or 6 the patient requires an URGENT referral to the Vascular Service | | | | | | | | | | | rvice | | | |
| | • | | | | | | | | | | | | | |
| | • | | | E | Essentia | al informatio | n | | | | | | | |
| Alr | • | the Vascular Service? | | E | Essentia | | n | | | Yes | ; | | No | |
| His | eady known to | the Vascular Service? | Yes | No | Essentia | | Yes | No | | Yes | ; | | No Yes | No |
| His | eady known to | the Vascular Service? | Yes | No I | Fixed or | | | No | Leg fracture / rep | | | nts | | No |
| His | eady known to | | Yes | No I | Fixed or ankle mo | al informatio | | No | Leg fracture / rep History of superfi thrombosis | laceme | ent joi | nts | | No |
| His | eady known to | DVT Oral contraceptive/ HRT | | No I | Fixed or ankle mo Previous surgery | restricted | Yes | | History of superfi | laceme | ent joi | nts | | |
| His | eady known to story of e following | DVT Oral contraceptive/ HRT | | No I | Fixed or ankle mo Previous surgery | restricted overnent | Yes | | History of superfi | laceme | ent joi | nts | Yes | |
| His | eady known to story of following | DVT Oral contraceptive/ HRT | Le | No I i i i i i i i i i i i i i i i i i i | Fixed or ankle mo Previous surgery Signs of | restricted overnent | Yes e (CEAF | | History of superfi | laceme | ent joi | nts | Yes | ht |
| His the Sig | eady known to story of following | DVT Oral contraceptive/ HRT sease (CEAP) sss, itch, heaviness | Le | No I | Fixed or ankle mo Previous surgery Signs of Pigment | restricted ovement varicose vein | Yes e (CEAF | ?) | History of superfi thrombosis | laceme | ent joi | nts | Yes | ht |
| His the Sig | eady known to story of e following ans of venous di the, pain, tightner angiectasia or re | DVT Oral contraceptive/ HRT sease (CEAP) sss, itch, heaviness | Le | No I | Fixed or ankle mo Previous surgery Signs of Pigment Lipoderr Ankle Fla | restricted ovement varicose vein venous diseas | Yes e (CEAF | ?) | History of superfi thrombosis | laceme | ent joi | nts | Yes | ht |
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| His the Sig | eady known to story of following ans of venous di the, pain, tightner angiectasia or re- ricose veins dema | DVT Oral contraceptive/ HRT sease (CEAP) ss, itch, heaviness eticular veins d subcutaneous tissues | Le Yes | No I I I I I I I I I I I I I I I I I I I | Fixed or ankle mo Previous surgery Signs of Pigment Lipoderr Ankle Fla Healed L Active Ul | restricted ovement varicose vein varicose vein vation or eczem matosclerosis of are | Yes e (CEAF a r atroph | P) | History of superfithrombosis | icial vei | ent joi | nts | Yes | ht |
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| Sig Acl Tel. Van Oe Ch. | eady known to story of e following ans of venous di the, pain, tightner angiectasia or re ricose veins dema anges to skin an | DVT Oral contraceptive/ HRT sease (CEAP) ss, itch, heaviness eticular veins d subcutaneous tissues Additional Informa | Yes tion. | No I Seft Seft Seft Seft Seft Seft Seft Seft | Fixed or ankle mo Previous surgery Signs of Pigment Lipoderr Ankle Fla Healed L Active Ul | restricted ovement varicose vein varicose vein vation or eczem matosclerosis of are | Yes e (CEAF a r atroph | on ca | History of superfithrombosis nche nnot be complete: | icial vei | ent joi | nts | Yes | ht |
| Sig Acl Tel. Var Oe Ch. | eady known to story of e following ins of venous di ne, pain, tightne angiectasia or recicose veins dema anges to skin an PI reading sterior tibial puls | DVT Oral contraceptive/ HRT sease (CEAP) sss, itch, heaviness eticular veins d subcutaneous tissues Additional Informa | Yes tion. | No I I Seft No I I Do not Left: Left: | Fixed or ankle mo Previous surgery Signs of Pigment Lipoderr Ankle Fla Healed L Active Ul | restricted ovement varicose vein varicose vein vation or eczem matosclerosis of are | Yes e (CEAF a r atroph | on ca Righ | History of superfithrombosis nche nnot be complet: | icial vei | ent joi | nts | Yes | ht |
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